

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John A. Mount

Application No.: 09/494,787

Filed: 01/31/00

For: AUTOMATED REGISTER DATA TRANSFER TO REDUCE PROCESSING BURDEN ON A
PROCESSING DEVICE

CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(i)(1)(C))

I hereby certify that on April 23, 2008 the following correspondence:

Name of Paper: Response to Office Action and Transmittal

Number of Pages: 14

is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in
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Signature

Telephone Number: 405-232-0621

Diana C. Anderson

Type or print name of person certifying

NOTE: It is advisable to keep a copy of certification of EFS-Web transmission § 1.8), including the list of papers
submitted, to establish the local time of the submissions if such evidence is needed

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **John A. Mount**
 Assignee: **SEAGATE TECHNOLOGY LLC**
 Application No.: **09/494,787** Group No.: **2182**
 Filed: **January 31, 2000** Examiner: **Eron Sorrell**
 For: **AUTOMATED REGISTER DATA TRANSFER TO REDUCE PROCESSING BURDEN ON A
 PROCESSING DEVICE**

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | OTHER THAN A CLAIMS | (Col. 2) | (Col. 3) | | | | SMALL ENTITY | | |
|--|---------------------------------|--------------------------------------|------------------|---|-----------|---|---------------------|----|------|
| | REMAINING AFTER AMENDMENT | HIGHEST NO PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDIT. FEE | | |
| TOTAL | 23 | — 25 | = 0 | x | \$ 50.00 | = | \$ 0.00 | | |
| INDEP. | 5 | — 5 | = 0 | x | \$ 210.00 | = | \$ 0.00 | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | + | \$ 0.00 | = | \$ 0.00 | | |
| | | | | | | | TOTAL ADDIT. FEE | \$ | 0.00 |

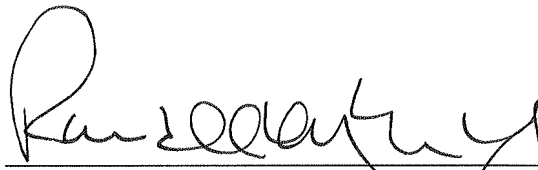
No additional fee for claims is required.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Date: _____

4/23/08



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